

**THE COMMUNITY HEALTH WORKER'S GUIDE  
TO MANAGING SUBSTANCE ABUSE  
AND RELATED PROBLEMS**

**GRITO**

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SUBSTANCE ABUSE MANAGEMENT SERIES - 3**

**THE COMMUNITY HEALTH WORKER'S GUIDE  
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AND RELATED PROBLEMS**

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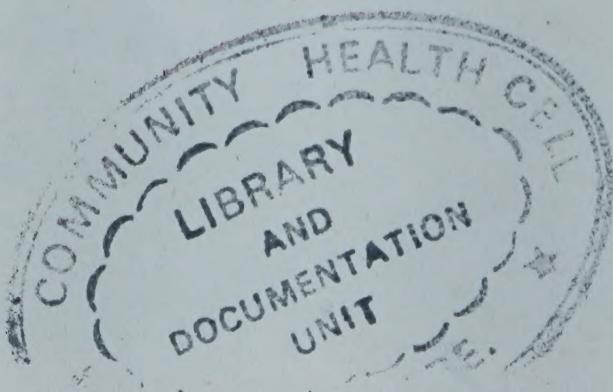
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## **Foreword**

It is well understood that alcohol and drug abuse are major problems affecting our nation. While factual information is becoming more easily available, practical solutions to alleviate and prevent these problems are still at the "uncertain stage".

Recognizing the gravity of the problem of substance abuse, the International Federation of Catholic Universities (IFCU), created within its organization the International Group for Research on Drug Abuse, (GRITO), which has undertaken research and action programmes in Latin America and Asia since 1992. In the first phase of the research work, a diagnostic study of the problem was done. On the basis of the results of the study, a number of workshops, symposia, awareness and training programmes were conducted for different groups of persons in order to train them to deal with the problem. Community services involved preventive education, detection and treatment of alcohol and drug abuse and empowerment of the communities to manage these problems.

In order to reduce the problem of alcohol and drug abuse in our country, the demand for alcohol and drugs has to decrease. As long as the demand for alcohol and drugs continue, any success achieved in the fight against these problems can only be temporary. Preventing these problems requires persistent efforts from many disciplines, services and the community, which have to work in spirit of collaboration, recognizing and respecting each others roles.

In order to help the different sections of the community to deal with the problem, the GRITO-IFCU has published a series of manuals to help work towards drug demand reduction. The purpose of these manuals is to provide a foundation for preventive and treatment programmes. These manuals offer guidelines and not answers. It is hoped that the information provided will help in giving leads to the total management of the problem in our country.

October, 1996

**Tanya Machado**  
Series Editor

## Preface

India is a country where alcohol abuse surpasses all other types of substance abuse. It affects all groups and in fact, the lower socio-economic groups suffer more negative consequences, because of their compromised quality of life. In recent years, abuse of illicit drugs is becoming more prevalent.

As a part of the activities of the GRITO- IFCU Project, St. John's Medical College Hospital, Bangalore, a major study was conducted to learn about the various factors involved in drug abuse in the cultural context of our country. Different groups of persons, such as rural, urban and urban slum dwellers were studied for a comprehensive view of the extent, severity and causes of the problem.

The results of the study have been followed up with many training programmes and field based programmes to increase the awareness of this problem and to empower different groups in our society to deal with it.

A major resource in our society that can play a significant role in the reduction of substance abuse is the community health worker. They come across various situations, including that of problems relating to alcohol and drug use and handle all health and social problems that arise in the area of their work. Community workers need information and skill to work with individuals and families affected with this problem.

This module is prepared, as a work book for community health workers. It may also be used in the training of other community based volunteers. We hope that each chapter will help the reader in planning programmes that will work towards demand reduction. Feedback from the users of the module, is always welcome.

October, 1996.

**Maya Mascarenhas Abreu  
Reynold G. Washington**

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## CHAPTER 1

### ALCOHOL AND DRUGS - THE SUBSTANCE

At the end of this chapter, the community health worker should be able to:

- \* *understand the meanings of common terminology used to describe situations in the area of drug and alcohol abuse,*
- \* *be aware of the common myths that are prevalent in society regarding this problem,*
- \* *know the commonly abused substances with examples of specific drugs and their major effects,*
- \* *learn the different routes of administration of these substances.*

Before we discuss the problem of drug and alcohol abuse, it is important for us to be clear in our minds of the meanings of several terms. Look at the **glossary** of some important words given in the appendix of this book for more information.

**Alcohol** is available in a variety of forms. Medically, it is a depressant drug that slows the brain's ability to think and to make decisions and judgements. Chemically, it is ethyl alcohol, a colourless liquid with a sharp, burning taste.

**Drugs** refer to chemical substances such as Cannabis and Heroin which when taken, modify the way people think, feel and behave.

The major problem with drugs and alcohol is that they are **addictive**. People become **dependent** on them and when they try to stop abusing them, they develop **withdrawal** symptoms. This drives them back to taking such substances again.

Alcoholism and drug addiction are considered to be 'diseases'. The person becomes totally dependent on the substances and the person's behaviour causes problems, both, to him/her self and to the society.

There are a large number of beliefs in the society about who takes drugs and alcohol and for what purpose. Some believe that alcohol has medicinal value and that drugs may increase potency, energy, stimulate religious fantasy and even increase creativity. Some people who use alcohol or drugs feel reassured in the belief that if they eat well they can counteract the effect of these substances. Many take a moralistic view saying only 'bad' and 'sinful' people take to alcohol. It is also mistakenly believed that everyone can drink to moderation and one can give up drinking or smoking any time they want to and that it only takes will power to do so. Disappointment and frustration are often cited as causes of addiction. Hard physical labour and cold climate are given as justification for consuming alcohol. There are pessimistic views that once a person gets into such habits, there is no hope and no cure. And, even if you treat such a person, he will always relapse and go back to the bottle. Some optimists believe that alcohol and drugs will give more confidence and courage to people and help them carry out challenging tasks. There is also a sort of indifferent attitude, that, it is a problem of the family of addicts and that others need not bother about it.

### **Commonly abused drugs:**

Today, many dangerous drugs are available in the market freely and even without a prescription from doctors. Alcohol, of course is available even in the smallest and remotest of villages. In areas where alcohol is prohibited, illicit trade continues and many of the "hooch tragedies" reported in the media, reflect the harm caused by illicit liquor. Different types of substances and their effect are listed below (Grant & Hodgson, 1991).

Type of Substance	Examples	Effect
Depressants	Alcohol, barbiturates, sedatives (sleeping pills)	Drowsiness, relaxation, loss of inhibitions
Opiates	Morphine, methadone, pethidine, heroin	Relief from pain, pleasant, dreamy detached state, euphoria
Stimulants	Cocaine, amphetamines	Excitement, reduced fatigue, loss of appetite
Hallucinogens	LSD, mescaline	Distortion of different senses, hallucinations
Cannabis	Marijuana, ganja, bhang, hashish, charas	Relaxation, hallucinations
Nicotine	Tobacco	Sedation & stimulation
Inhalants	Glue, paint thinners, petrol, kerosene, aerosols etc.,	Drowsiness, relaxation, disturbances of senses

### How are the 'Substances' taken?

Different methods are followed to consume substances. These may be **swallowed** (eaten or drunk) as in the case of alcohol and bhang. Some like tobacco may be **chewed** and absorbed through the lining of the mouth. Substances like cocaine are **sniffed**. Cannabis is usually **inhaled** through the lungs, while some drugs may be **injected**- either beneath the

skin, into the muscles (morphine, pethidine) or directly into the vein (heroin, cocaine). Some drugs such as heroin may also be chased i.e., the drug is placed on an aluminum foil, and a flame is lit under and the fumes are inhaled.

The same drug can sometimes be taken in different ways. For example, tobacco may be chewed, sniffed as snuff, or smoked in a cigarette and heroin can be chased or injected. The effect of the substance on the body and the mind will depend on the type of substance and the amount taken, the manner of taking and the personal characteristics such as age, sex and health status of the person.

**Exercise:**

1. What substances are commonly abused in your area ? How do the abusers use them ? What are their routes of administration ?
2. Identify three different persons using alcohol. Describe them according to the definitions you have just learnt.
3. Determine, through a women's group meeting or an informal interview with the local leaders, beliefs prevalent in the community about substance abuse (alcohol and drugs), why they are used and what effects they have?

## CHAPTER 2

### ETIOLOGICAL FACTORS / CAUSES OF SUBSTANCE ABUSE

At the end of this chapter, the community health worker should be able to :

- \* *identify various factors that lead to substance abuse,*
- \* *know some of the high risk situations associated with starting and continuing such use,*
- \* *understand the importance of the family and the peer group in substance abuse.*

It has been found, that many adolescents and young people become victims of substance abuse. Teenage drinking and drug addiction is a growing menace in our society today. There are many reasons why our young people start taking and continue to abuse alcohol and drugs. Some of them are:

- \* Curiosity about drugs and the effect of alcohol.
- \* To overcome boredom by having new, thrilling experiences.
- \* As an expression of rebellion against parents or to express independence or even hostility.
- \* To gain improved understanding or to enhance creativity.
- \* To 'belong' with the crowd, or with peers.
- \* For relaxation.
- \* As an escape from life's problems.
- \* To get sleep or relieve depression.
- \* To forget feelings of rejection from persons on whom the addict is emotionally dependent.
- \* To cope with the transition to a more demanding adult role such as those involving occupational responsibilities, sexual relationships, marriage and parenthood.
- \* To bear with serious physical illness.
- \* Availability and easy access to drugs and alcohol.

- \* Social customs and cultural practices.
  - \* Loneliness, feelings of failure.
  - \* Parties and groups that encourage such activities.
- (Australian Government Publishing services, 1993)

There are hundreds of such reasons cited for experimenting with alcohol and drugs, especially during adolescence. Can you think of some other reasons that are often given by people who abuse alcohol or drugs?

### **Factors that are related to substance abuse:**

In the study conducted by GRITO-IFCU, Bangalore, the following factors were found to be associated with substance abuse.

- 1. Age:** Adolescents are the most vulnerable age group. At this age, their curiosity and thirst for adventure and new experiences leads them to experiment with alcohol and drugs.
- 2. Sex :** Males are much more likely to abuse alcohol and drugs than females. However, it is important to remember that females are increasingly using and abusing alcohol and drugs, especially sleeping pills.
- 3. Family factors :** Persons who are either single or are separated and divorced use drugs more often. Persons in nuclear families who don't have the support that joint families offer, are also at risk. One of the main reasons for substance abuse is an underlying family pathology, such as neglect from parents, physical abuse, broken families, dominating parents and parents who also abuse drugs and alcohol.
- 4. Occupation :** The unemployed group are at a very high risk for substance abuse. Those with irregular jobs and daily wage earners are also a vulnerable group.
- 5. Peer Influence :** The commonest reasons for initial use of substances are ***curiosity, peer pressure*** and ***experimentation***. Peer influence is the most important reason for starting drugs. Individuals get their first "dose" of the drug from their friends and are then pressurized by them to continue.

**The commonest reasons for a person to continue regular use of these substances are:**

1. To avoid withdrawal symptoms.
2. Peer pressure.
3. For fun.
4. Substances are easily available.
5. To avoid sleeplessness.

### **Exercise:**

#### **1. Case-study:**

Manoj, aged 19 years is in his second year of studies for a Bachelor of arts degree. He comes from a nuclear, middle class family with both parents working . He has a 10 year old sister who is very smart and is the favourite of the family. His father drinks alcohol every day and sometimes beats up his wife. His mother complains all the time about the father to the children. She also keeps telling Manoj that he is good for nothing because he is not doing Science. When he joined college, his friends forced him to go to a bar for a drink. After a couple of months , he robbed money from his father's purse to treat his friends to a drink in a bar. That night, one of his friends brought "ganja" along and everyone took a puff. After four months, Manoj bunked college regularly and started to take drugs along with his friends.

Read the case study given above. What are the possible factors that are related to Manoj becoming a substance abuser ?

## CHAPTER 3

### EFFECTS AND CONSEQUENCES OF SUBSTANCE ABUSE

At the end of this chapter, the community health worker should be able to:

- \* *determine the common effects of substance abuse,*
- \* *realize the specific effects that substance abuse has on the individual,*
- \* *understand how substance abuse affects the family and the community.*

#### The most common effects of substance abuse:

Most young people who start substance abuse do not really know the risks involved. Many believe that they are strong enough to overcome its multiple effects. But, the reality is that, abusing alcohol and drugs can cause serious physical, psychological, economic, academic, familial, social and legal problems. Abuse can effect the health and well-being of an individual, the family and the community.

#### Effects of Substance Abuse on the Individual :

##### 1. Immediate effects of alcohol use :

Alcohol is only a lot of empty calories. It has no vitamins or vital minerals. It has a depressing effect on the brain. Many users become physically dependent on it. When one drinks, alcohol is absorbed directly into the blood stream through the walls of the stomach and the intestine. Unlike other foods, alcohol does not require digestion. Once alcohol enters the blood-stream, it circulates throughout the body. It reaches the brain and goes along with blood to every organ, including heart, liver and pancreas. When alcohol reaches the liver, it changes into carbon-dioxide, water and a few calories of energy. A small amount of alcohol goes out of the body through breath, urine and sweat. Depending on the amount

consumed, the initial effects can be seen to be predominantly on the brain:

1. At first, the person feels relaxed, talks freely, may feel elated.
2. Slowly, as he becomes intoxicated , movements become clumsy and speech becomes slurred. Loss of judgement, unsteady gait and blurred vision may also occur.
3. Gradually, the person becomes more insensitive to the surroundings and slips into a coma-like stage. He may then sleep heavily and seem to be unconscious.

## **2. Long-term effects of alcohol use :**

Regular excessive use of alcohol causes acute and chronic problems related to health, occupation, family and social relationships.

### **Health Problems:**

Serious damage is done by alcohol to different systems in the body:

*Gastro Intestinal System (Stomach and Intestines):* ulcers, gastritis

*Liver and pancreas :* cirrhosis, liver damage, inflammation of the pancreas.

*Central Nervous System (Brain and Spinal cord):* memory disturbances, incoherent speech and actions.

*Cardio-Vascular System :* increased tendency to heart attacks.

*Respiratory System :* depression.

*Skin :* goose flesh, failure to maintain uniform body temperature.

Loss of appetite, under-nutrition, vitamin deficiencies, jaundice and vomiting of blood are also commonly seen.

**Other drugs** also affect physical and mental health. They may cause physical and psychological problems such as respiratory ailments, cardiovascular problems, sexual problems and problems with mental functions such as memory disturbances.

**Most dangerous consequences of substance abuse arise when:**

- Alcohol is mixed with other drugs such as sleeping pills.
- Alcohol consumption is combined with intravenous drug abuse and sharing of needles. This increases the risk of infections and diseases, especially of the dreaded AIDS.

**Psychological consequences** of substance abuse are multiple. Because individuals develop **tolerance** for the substance, they will require more and more of it, to get the same effect. Because of **dependence**, the abuser will ultimately not be able to do without it. Memory, concentration and attention are then seriously affected. Family relationships suffer, as the abuser becomes indifferent to everything, except the next dose of the drug.

**Academic and Occupational** problems intensify due to the 'hang over' effects. Attitudinal changes, apathy and lack of efficiency and accidents due to dulling of the senses are common. Serious **financial problems** develop as the abuser needs money to maintain the habit. Stealing, cheating and other antisocial activities may occur as a consequence. Drugs are illegal in many countries and as such, using them may lead to **legal problems** for the user.

### **Effect of Substance Abuse on the Family:**

Substance abuse is not merely a problem of the individual. There are tragic multiplicity of effects on the family. Parents experience a series of emotions and expressions of hurt, when they first discover that their children are abusing substances. The family may go through a cycle of **denial, cover up and acting as a protector**. Ultimately, they may desperately try to **control** the abuser's behaviour by any or all means. They also feel a gamut of emotions such as tension, anger, desperation , confusion and depression , when they are unable to get a solution to the problem. Apart from all these emotions, the family also faces economic stress, as the abuser loses his employment and becomes dependant on the family for the maintenance of his habit. Social stigma and isolation are problems that the family may face at this stage, as a result of the antisocial and aggressive behaviour of the abuser.

## **Problems that children of addicts face:**

Children of substance abusers, face severe trauma. The unpredictable behaviour of the parents confuses them. The parent may be tender and affectionate when sober and violent and offensive when intoxicated. The child's self esteem thus suffers, as he is not fully aware of who he really is. Family values remain unclear in such families and this creates additional stress on the child. Frequent quarrels and fights in the home as a result of the substance abuse, destroys the innate happiness of the child and may sometimes also cause feelings of guilt. The roles of the child changes depending on the situation, with children often having to take on adult roles. They may become withdrawn and aloof from others in an effort to conceal the parental problems. Behavioural problems are also seen in children of alcoholics.

## **Effects of Addiction on the Community:**

Today, substance abuse is a problem of both the rich and the poor, the educated and the uneducated, the labourer and the executive. Substance abuse creates severe problems in the community. They cause accidents as a result of inducing poor judgement of distance, slow reaction time leading to delayed application of brakes when called upon to do so suddenly. Blurred vision, reduced side vision and loss of concentration are other effects.

**Crime and violent behaviour** are often characteristic of the substance abuser. Substance abuse erodes the values and moral standards of the abuser. Lack of control over thoughts and judgement causes the abuser to enter into conflict with the law, because of aggressive and antisocial acts which become common. Criminal behaviour of abusers include theft and burglary for getting money or for buying the substance, cheating in business, violence and fights leading to physical assaults or even murder, not forgetting family violence. Suicides are also common among abusers due to feelings of depression.

**Industrial productivity and work situations** are also adversely affected. An abuser in the work place, whether a manager, supervisor, or labourer, will become a problem, both for himself and for other co-workers.

**A manager or supervisor** may create problems by giving conflicting instructions to the subordinates or mismanaging the budget. He is unable to discipline the subordinates as he is a poor role model himself. Inefficiency and poor co-ordination result in severe loss to the industry.

**A worker who is addicted** may create problems in the work place by absenteeism, as a result of abuse or its after effects. He can cause or be responsible for accidents on the job, resulting in compensation to be paid by the employer. He may also lack concentration, leading to poor quality of work.

(Adapted from: Addiction to Alcohol and Drugs : T.T. Ranganathan Clinical Research Foundation, Madras, 1994).

#### **Exercise:**

Do you remember Manoj? After one year, Manoj was abusing a mixture of alcohol, ganja and heroin. In order to buy his drugs, he robbed regularly. Once he stole his mother's jewelry. His father started drinking very heavily. His sister was ridiculed in school. The mother used to protect Manoj from being beaten by his father and secretly used to give him some money to keep him quiet and away from the house. Manoj lost a lot of weight and often got sick. One day, while returning with his friends from a 'party', the car in which they were travelling, crashed into a lorry. Fortunately, everyone survived, but Manoj suffered multiple fractures on his leg. The hospital bill completely depleted the money bank at home. Manoj lost his job, as he had already absented himself for long periods, previously. Nobody was willing to employ him now, while he was still disabled.

Can you list the various effects that Manoj's substance abuse problem has had on himself, on his family and on the community?

## CHAPTER 4

### ASSESSMENT OF THE PROBLEM: INDIVIDUAL, FAMILY AND COMMUNITY

At the end of this chapter, the community health worker should be able to:

- \* *recognise that assessment is an essential prerequisite to the management of the problem of substance abuse.,*
- \* *outline the important steps in the assessment of the individual,*
- \* *realize the importance of good interviewing techniques during assessment,*
- \* *assess the family and the community,*
- \* *determine the factors in the community that increase and decrease the risk of substance abuse.*

#### **How to Identify the Person with an Addiction Problem?:**

It is essential for a community health worker to develop skills to identify people who have problems with substance abuse. It is not difficult to identify an addict, as the problem is clearly obvious. However, much good can be done if one can reach and help those who are 'at risk' of developing addiction, or those who are still in the early stages of experimenting with substances.

To manage or to prevent any problem, one needs to assess the situation first. The aims of assessment here are to:

- \* Get accurate information about the substances used by an individual.
- \* Identify possible factors which are causing or maintaining the abusive habit.
- \* Understand the effect of the abuse on the individual's physical, mental and social life and on the family.

- \* Identify the strengths and weaknesses of the individual and the family and their ability to handle or manage the problem.

### **Assessing the Individual :**

It is important that the community health worker starts assessing the individual from the first contact with the person. The interview with the individual must always be in private and ensure confidentiality of the matters discussed. Experts have given some tips on how to interview, which are as follows:

- \* Treat the patient with respect and avoid giving advice and being the boss.
- \* Acknowledge the patient's feelings. The patient must feel that his or her problems are the primary concern of the health worker.
- \* Do not start directly with the topic of substance abuse.
- \* Encourage the patient to tell his or her own story as much as possible.
- \* Listen carefully and only interrupt in order to keep the interview focussed.
- \* Ask questions regarding substances in a non-threatening way. This way, the patient is encouraged to talk and does not deny the problem.
- \* Ask the patient about all the factors that are associated with initiation of drug use, the current use, the type of drugs, the quantity, the duration and frequency of use, once the patient is willing to talk.

(Grant and Hodgson, 1991).

A health worker may suspect substance abuse in a person when certain signs are seen. Medical conditions associated with alcoholism or drug overdose (see earlier section on health problems), anxiety, depression, panic attacks, confusion, loss of consciousness, person admitted as an emergency, legal problems associated with drinking, epileptic fits seen for the first time in adolescence, history of 'sudden changes' in personality or work performance, collecting of several prescription forms by a person,

history of absenteeism from work or dropping out of school are all signs that should alert the health worker to the possibility that substance abuse may be a cause.

When the health worker suspects substance abuse, in addition to ascertaining the general health condition, the following details need to be elicited: the type, quantity, frequency of use, any change in pattern of use, any inability to go through the day without the substance, frequent accidents, friction with the law and incidents of physical abuse of family members. Pregnant abusers need special attention as they are likely to put the unborn child to greater hazards.

### **Assessing the Problems and Resources of the Family:**

One cannot solve the problem of substance abuse by treating the abuser alone. The family of an addict has a role in both, causing the problem and in bearing the consequences of it. But the family can play a significant role in helping the individual out of a state of addiction. It is necessary, therefore, to also assess the family.

The health worker should encourage the family members to tell their own story and should guide them in describing specific incidents that have led to their seeking help. The members should be encouraged to discuss the effect of drug and alcohol abuse on the patient and on themselves.

Specifically, the health worker should find out:

- \* if any other family member is also abusing alcohol or drugs,
- \* if the family shows signs of instability,
- \* if the family is trying to hide the problem or pretend that there is no problem,
- \* if relatives or friends are pressurizing the family to do something about the problem,
- \* if the family is aware of the socio-economic implications of the problem.

The goal of assessment is to plan remedial action to help the addict and the family. If this goal is to be achieved, then the health worker should know:

- \* What are the social supports and resources available to the family to overcome the problem ?
- \* What are the reasons for which the family is seeking change?
- \* How can the confidence to change be built up ?
- \* What are the alternative activities that can be developed in place of the substance ?
- \* How can the family be prepared to prevent any relapse ?

### **Assessment in the Community:**

Unless the total community is involved, the goal of rehabilitation and prevention of substance abuse cannot be achieved easily. One needs to know the resources available in the community, examine the attitudes of the community towards the issue and identify ways of creating and monitoring changes in the community.

### **Why is community assessment so important?**

- a. It provides information about the extent of the problem, as well as about the changes that a community needs to make to reduce the extent of the problem.
- b. Opinion leaders, police and social workers can be influenced by this information.
- c. Correct information can suggest useful approaches for change.
- d. The changes in the community's attitude to substance abuse can be monitored.

### **Methods of assessment:**

There are different methods of assessing a problem in the community.

1. Get all information from various sources and put it together.
2. Ask knowledgeable informants in the community such as doctors, nurses, religious / social leaders or law enforcement officials.

3. Observe and record trends in substance use over periods of time.
4. Survey the general population to identify how many use substances and the type of problems associated with such use.

All methods have their limitations and it is important to complement one method with another in order to get a comprehensive picture of the problem.

It is worthwhile to note that factors such as easy availability, use of substances by friends and peers and expected pleasurable effects usually increase the risk in a community. A vigilant police force, involved school and social groups and knowledge of harmful effects, reduce the risk of abuse in a community.

Community Health Workers need to collect the following information by assessing the community.

- \* How easy is it to get substances in this community?
- \* How prevalent is abuse in this community?
- \* Who are the type of people involved in abuse?
- \* What are the types of problems (health, social), faced due to such abuse ?
- \* What are the attitudes of the community towards substance abuse?
- \* Is the problem affecting only the person or the larger community as well ?
- \* What type of information and how much of information does the community have, regarding the problem?
- \* Does the community accept some drug use as 'normal'?
- \* At what age is the problem usually seen, in the community ?
- \* Does the community possess facilities for treatment of addicts?
- \* Are there alternative activities available to replace the habit of substance use ?
- \* What is the legal position with regard to substance use?
- \* Who are the key persons in the community who can assist in the prevention and rehabilitation of such abuse?

Answers to such questions will enable the community health worker to plan the intervention more effectively.

**Exercise:**

1. Contact the local leaders and key informants and answer all the above questions.
2. In Manoj's case, how will you plan your assessment ? Who are the people you would like to assess ?

## CHAPTER 5

### TREATMENT OF AN INDIVIDUAL WITH SUBSTANCE ABUSE

At the end of this chapter, the community health worker should be able to:

- \* *define the main goals of intervention,*
- \* *understand the different areas of intervention,*
- \* *know the meaning of detoxification,*
- \* *determine the specialized interventions that an individual will require,*
- \* *develop a follow-up programme for those who have successfully undergone detoxification.*

It is useful to divide the management of substance abuse cases into four distinct phases, although these phases overlap (Grant & Hodgson, 1991).

1. Assessment
2. Detoxification
3. Specialized intervention
4. Follow-up and after care.

Once an individual is assessed, the next logical and important step, is to help the person overcome the problem. Several intervention methods are used with addicts. The main goals are to:

- a. promote substance-free life style.
- b. maintain stability of the person.
- c. ensure demand reduction.
- d. work towards harm minimisation.

Ideally, any intervention involves a combination of different approaches and always involves the family and the community. A total response to

prevention of substance abuse requires a combination of the following approaches.

### **Medical :**

- \* Examination and investigations for known complications with substance abuse.
- \* Management of overdose complications.
- \* Detoxification, use of deterrent and/or blocking drugs.
- \* Treatment of anxiety, depression, mental illnesses.
- \* Health education.

### **Psychological :**

- \* Individual counselling, identification of psychological conflict and psychotherapy.

### **Social :**

- \* Family and individual group therapy to improve participation in treatment and to discuss life stress, coping, alternate life styles and experience sharing.
- \* Involving family members in the treatment.
- \* Social & occupational rehabilitation.

### **Spiritual :**

- \* Providing a spiritual community and support.  
Eg: Alcoholics Anonymous, Narcotics Anonymous.

### **Political :**

- \* Legislation regarding sale, restriction on use, strict punishment, legal measures, creating awareness, etc..

### **Steps in Helping the Individual:**

The greatest challenge to health workers involved in the field of substance abuse is the management of the affected person. Various people such as doctors, clinical psychologists and social workers, have important contributions to make. Such care does not always have to be provided in hospitals. Community health workers can play a crucial role in the management of such cases.

It should be borne in mind that drug and alcohol dependence are often relapsing conditions, therefore our attitude should not be judgmental, critical, or moralistic. The patient needs reassurance and understanding, not rebuke and rejection. The life of a drug-dependent person is usually full of crises and we should be able and willing to accept this state of affairs and to help the patient deal with it.

Problems associated with substance abuse are not always medical, but are often social and psychological in nature. As such, the person will require help in all areas, i.e., health, family, work and so on.

Helping the addict usually starts with **detoxification**. All substance abusers may not require detoxification. As a rule, detoxification is called for only when severe withdrawal symptoms are likely to occur when a person suddenly abstains from drugs.

**Detoxification** is the process by which the drug is gradually withdrawn from the body and the person is given an alternative medication to prevent severe withdrawal symptoms.

Intense craving and most of the physical symptoms that can result from the sudden termination of a drug, can be reduced by gradually reducing the use of the drug, or by using a substitute. Gradual detoxification may take many months to complete, as is often the case when heroin is replaced by methadone, another drug, which is itself gradually withdrawn. On the other hand, drug substitution during alcohol withdrawal can be completed within a week.

Detoxification needs to be done under the strict supervision of a medical person and is best done in a hospital setting. There are many situations, however, where detoxification camps have been successfully held in the rural areas. These are also supervised by professionally trained medical and nursing personnel.

The role of the health worker can be :

- \* to inform the person about the different centres offering detoxification,
- \* to co-ordinate this person's referral to the centre of his/ her choice,



- \* to provide encouragement and reassurance with the help of friends and relatives, during the process of detoxification..
- \* to offer some form of psychological support to the individual and the family.

## **Building social supports and relationships**

A person with a substance abuse or related problems needs to have regular support of other people, who can often help, simply by listening and giving encouragement.

### **The role of the health worker is:**

- \* to identify people who might be able to help in this way. They might be relatives or friends, former substance abusers, a priest, or volunteers.
- \* to encourage better communications between clients and their families.

Helping a family with someone who has a problem usually involves the following components :

- \* Increasing ability to communicate, in order to solve family problems more efficiently.
- \* Increasing the amount of praise and the frequency of positive comments, within the family.
- \* Reducing the frequency of mention of negative incidents in the past.

### **Developing confidence in ability to change:**

Most people with substance abuse problems have tried to change many times. After repeated failures they usually experience feeling of helplessness whenever they try to change, or even when they think about trying. The health worker should discuss these feelings and provide encouragement and hope by :

- \* pointing out that nearly every one suffering from substance abuse actually tries to stop many times before finally succeeding.

- \* pin-pointing any small (or large) successes in the past and reinforcing that the same can be achieved again.
- \* keeping an eye open for small successes, praising these, and encouraging the patient to keep trying, as treatment progresses.
- \* accepting that a relapse was bound to happen. Whenever a relapse does occur from time to time, pointing out that preventing relapse is a skill that has to be learned.

### **Identifying the reasons for change:**

Some abusers know exactly why they need to reduce their substance use. If this is the case, then they should be reminded of their reasons, regularly and vividly. Common reasons for change are: to save a marriage, to improve the health and to save money.

### **Alternatives to Medical Treatment.**

Medical treatment and counselling are not the only methods of tackling the problem of treating persons with these problems. Various methods have been tried, sometimes complimentary to medical help.

**Yoga therapy** is practiced in many centres in India. Usually, yogic meditation and exercises are recommended after detoxification and they do help in recovery.

**Alcoholics Anonymous(AA)** offers support and encouragement to people who volunteer to join. The famous “twelve steps to recovery” of this group takes support from religious beliefs.

**Religious events that require abstinence** such as pilgrimage to holy places (for eg. Ayyappa shrine), the period of Ramzan for Muslims and Lent for christians, could be used to reinforce abstinence in people.

Creating alternative activities that are pleasurable, but do not involve drugs, is a good strategy. Health workers can make a list of activities and select one or two activities that are of interest to the patient and that can be easily taken up. They must obtain the abuser's commitment to become involved in these activities and take a keen interest in the

individual's achievements. Initially, the task should be small, specific and easy to achieve, so that confidence can be built up or restored.

### **Preventing Relapse:**

The next step in the intervention process is to follow-up the patient and provide after-care so that a relapse is prevented.

One of the tasks of assessments is to identify high-risk situations and mood states that have, in the past, resulted in relapse.

For example :

- \* family quarrels,
- \* company of certain people or a particular friend,
- \* not having work and being idle or bored.

The health worker can enlist the cooperation of the abuser and his/her family and think of ways of avoiding such situations from arising. One can plan ahead as to how to cope with such 'risky' situations.

Here is a concrete example of a problem that the treated abuser has and alternative solutions that are generated.

**Problem :** I feel like drinking or taking drugs when I have nothing to do. How shall I overcome the desire?

### **Solutions :**

1. Always plan some activities for the week ahead of time.
2. If the desire to use drugs starts to increase, then take a bus to go and see a relative in a place away from the community, or plan to meet someone who will not allow you to use drugs.
3. Think of the reasons why you have abstained from drugs or drinking sometimes as when you are doing something pleasant.  
for eg., gardening, playing with children, etc. Try and engage in such activities.
4. Do some physical exercise so that you get tired.

In summary, intervention involves five things that can be easily remembered as **SCRAP**.

**S** for social relationships,  
**C** for confidence in ability to change,  
**R** identifying reasons for change,  
**A** for alternative activities,  
**P** for preventing relapse

(Grant & Hodgson, 1991)

### Follow-up and After-Care:

Most patients suffer a relapse fairly early. After the first six months, relapse becomes less likely but can still occur many years after treatment.

Relapse is more common when:

- \* there is poor psychological adjustment,
- \* there is poor social support,
- \* factors that caused the abuse are still present,  
for eg.: same peer pressure or same circle of friends who drink heavily,  
- person is still lonely or alienated,
- \* causes are only partially removed.  
for eg. pain that caused the person to take drugs still persists.  
- earlier depression or anxiety is not completely cured.

When a treated person faces a crisis, the desire to take to alcohol or drugs may become strong. In such cases, prompt and adequate **crisis intervention** is necessary.

The procedure for crisis intervention (or clinical problem-solving) involves **three stages**:

- \* clarification of the problem;
- \* search for a solution;
- \* decision-making.

**Clarification** involves allowing the person to express his or her feelings, assessing the problem, rephrasing the problem in a way that patient accepts and identifying the most important problem ( of the many) that can be initially considered.

**Search for a solution** involves eliciting all possible ways of resolving the problem, finding alternatives, assisting the person in deciding which part of the problem should be addressed first and seeking out the additional information required.

**Decision-making** is the third stage. Here the person is helped to decide what can be changed and what needs to be accepted temporarily. The person is also helped to avoid far reaching consequences during the crisis (such as getting a divorce or quitting a job), and assisted in making decisions that are urgent and essential. Community health workers however, do not make decisions for the patient unless there is a life threatening situation. (example: patient having strong suicidal tendencies). The community health worker must keep in constant contact with the person.

It is often necessary to teach **coping skills** to patients so that they do not relapse into old habits when there is some crisis. Simple exercises of identifying risky situations, listing various ways of dealing with tempting situations, enlisting support of others, planning activities well ahead and mentally practicing the solutions, is a quick and easy way of enhancing coping resources of a person.

### **Helping the Family and the Community to Support the Individual**

Many drug-dependent persons find that they are in conflict with others within their immediate environment. The **health worker** has an important role to play in mediating between the individual and these other people. Experts suggest several ways of resolving the conflict between family and the patient. This involves:

- \* getting both sides to express and examine their problems,
- \* allowing the abuser to describe what he wants to happen (such as get back the lost job, be accepted by family again),

- \* determine how such events can be made to happen (eg. total abstinence as a guarantee for re-employment), see whether a contract could be negotiated (eg. promise from employer of job if the person overcomes the problem).
- \* have a contingency plan, just in case the contract cannot be fully executed (eg. in the event of relapse, what do we do?).

Finally, it should be emphasized again that, apart from the community health worker, there are usually a number of other local people, who can be involved in the care and after-care of the client. These include religious and traditional leaders, traditional healers, law enforcement agents and recovered clients.

Religious and traditional healers are usually very highly regarded, particularly in developing countries. They are guardians of opinion and behavior and their potential contribution should not be underestimated. They know most families within the community and they can be very useful in tracing clients who default.

In many developing countries, patients still consult traditional healers, more often than orthodox health workers. Community-based health programmes for substance dependent persons are therefore meaningless unless they take account of the important role of traditional healers.

Law enforcement officers are usually seen as agents of punishment. This idea needs to be changed, since the police can be very helpful in variety of ways.

Also, recovered substance-dependent persons can often play a vital role in the treatment of others in the community. These individuals can not only help the recovered person to stay off drugs, but also give the new addict the confidence and hope that they too can recover completely.

The health worker should be ready and willing to refer the person to specialist services, if these are available. Such referrals should be prompt and appropriate and the health worker must therefore know about the existing specialist, social and medical resources. Before referring a patient,

the health worker should carefully explain why, and to whom , he or she is being referred, and what to expect.

Total abstinence is not always possible in the short term and the health worker should appreciate the value of a reduction in drug and alcohol use. Furthermore, many patients will fail. They should be encouraged to try again. Relapses are very common and may occur many times before the patient finally achieves success. The health worker should never give up !

**Exercise:**

1. Make a list of all the available support groups, religious organizations and alternatives to medical treatment in your community. Discuss with the community leaders and local groups the above methods, and find out which ones are culturally acceptable.
2. Can you apply the S.C.R.A.P. technique of treatment in Manoj's case. What measures of follow up care can you plan ?

## CHAPTER 6

### PREVENTION OF SUBSTANCE ABUSE AT THE COMMUNITY LEVEL

At the end of this chapter, the community health worker should be able to :

- \* *understand the different levels of prevention, in the management of substance abuse,*
- \* *develop certain basic counselling skills,*
- \* *plan and implement various awareness programmes for different groups in the community,*
- \* *develop a resource list of persons and centres interested and involved in demand reduction programmes,*
- \* *strengthen the links between other organizations involved in the reduction of this problem, such as, the government, health and development sectors.*

#### Prevention Strategies:

The most important aspect of community health work is prevention of health problems. This is also true for the problem of drug and alcohol abuse. Prevention could be at the primary, secondary or tertiary levels.

**Primary prevention** is prevention of the problem even before it begins or occurs. This involves two strategies, Health promotion and specific protection and environmental hygiene.

In the case of drug and alcohol abuse, primary prevention involves promoting health of the individual and family, promoting an 'alcohol free' environment and teaching the person to say "No" to drugs and alcohol. Specific protection measures would be by identifying those at high-risk and providing counselling and other alternative activities for them, so that they do not succumb to the problem of substance abuse.

**Secondary prevention:** Sometimes we are not able, despite all our honest efforts, to prevent all individuals from getting a disease or a health problem. However, we can still prevent the disease from getting severe. This is the level of secondary prevention. The methods of intervention here are 'early diagnosis' and easy and accessible, effective and 'prompt treatment'. With reference to substance abuse, early diagnosis before medical, social and psychological complications develop, through high risk analysis and methods of prompt treatment at this stage, would constitute secondary prevention.

**Tertiary prevention:** This is the final level of prevention where the person already has the disease and has suffered from some of its consequences. Here, the health worker concentrates on 'limiting the disability' produced by the disease and 'rehabilitating' the person back into society.

Substance abusers, too, can be managed at this level. Prevention of relapses, treatment and management of medical problems associated with substance abuse are an important aspects of disability limitation in tertiary prevention. Once the person has undergone treatment, it is important to rehabilitate them back so that they can function to the best of their ability in society. Rehabilitation could involve physical rehabilitation such as surgical repair in the case of injuries, vocational rehabilitation such as getting the person employed once again and social rehabilitation through restoring him to his family and community.

Community Health Workers can contribute toward preventing substance abuse problems in the community in many ways. It is important to recognise that the target group for substance abuse prevention are young children and adolescents. Some specific ways by which the community health worker can help in prevention are:

1. Identifying children and families at risk and helping them to avoid substance abuse.
2. Creating alternative leisure time activities for children and young adults.
3. Teaching social skills to children and youth, especially to those with problem behaviour.

4. Engaging children and youth in 'confidence building' activities.
5. Organising regular health check ups for children and adolescents, especially for groups which are at risk (street children, homeless adolescents).
6. Marriage counselling for couples with problems so that their children do not 'escape' to drugs to avoid family conflicts.
7. Counselling for children from families with problems.
8. Awareness programmes directed toward school and other local groups, so that they can help in coping with this problem.

There are several activities like sports, games, cultural activities, youth camps, local library services and many community based activities that could keep the target group of young children, youth and school drop outs from getting into substance abuse.

#### **The Community Health Worker as a Counsellor :**

A community health worker needs to learn a few counselling skills. Counselling of addicts has several important functions, apart from providing psychological support to the person.

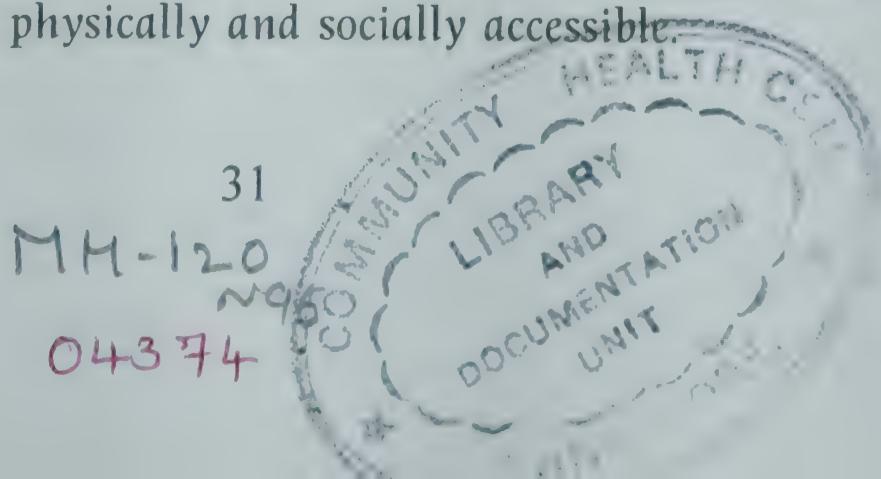
They are :

- \* Help the person concerned to clarify and identify the problem.
- \* Provide information on available resources to tackle the problem.
- \* Help the person to change the faulty life style that is promoting addiction.
- \* Motivate the person to change and help in decision making.

Approaches to counselling are likely to vary. Nevertheless there are some features common to all counselling situations.

This involves:

1. **Time:** Providing the client with time to develop trust and rapport and to work through his/her problems.
2. **Acceptance:** Accepting the person with a problem as a person, irrespective of their life style or background.
3. **Accessibility:** Help provided must be easy to reach. Counselling services must be seen as physically and socially accessible.



**4. Consistency and Accuracy:** Persons providing counselling should have up-to-date information and should provide accurate information to clients.

**5. Confidentiality:** Given the fact that addicts may be ostracized or stigmatized, confidentiality becomes extremely important.

### **Qualities of a good counsellor**

A counsellor is basically a good human being, who can create an atmosphere within which a person with a problem can help himself. Some qualities that can make a community health worker a good counsellor are:

**1. Ability to listen:** It is much more than hearing. It involves watching for cues and non verbal messages by the client.

**2. Empathy:** This really means trying to see the problems from the person's view point or "getting into the person's shoes to see where it pinches"

**3. Non judgmental:** Keeping an open mind and not taking a moralistic or judgmental attitude of condemning the person.

**4. Genuineness:** Sincere interest in the well-being of the client must be reflected in the counsellors' thoughts and feelings.

**5. Patience:** Tolerating the slow progress or the lack of positive response in the client.

**6. Flexibility:** Ability to change his role and pace the counselling to meet the capacity and changing needs of the client.

**7. Emotional maturity:** The Counsellor should be mature and able to maintain objectivity under stress.

**8. Being in command:** The Counsellor should not allow himself/herself to be manipulated by the client. He / She should always be in charge of the treatment process.

**9. Expertise and knowledge:** The Counsellor should have sufficient knowledge regarding the problem, dynamics and the issues involved so that expert help can be given.

## **Planning Awareness Programmes:**

Awareness programmes are another very important method of prevention. The health worker has a special role to play in spreading an awareness of the problem of substance abuse.

The target group for awareness programmes should include womens' groups, school teachers, village leaders and youth groups. Depending on the prevalence of the problem in the community, relevant information must be shared with them. It is not important to describe details of the drugs, but the emphasis must be on the consequences and the methods of prevention. The community must be able to identify those at risk and direct them to the health worker who can then take further action. Another important message to the community is the importance of taking responsibility for this problem, by developing a team that will keep a watch and help plan preventive programmes.

## **Liaison with other Agencies:**

It is not possible for even the most committed or enthusiastic community health worker to achieve all that we have discussed single-handedly. They will need help from the start and it is important to collaborate with other agencies and sectors, who are also involved in this effort. These other sources must be identified and regular meetings held to co-ordinate activities.

Examples of agencies that are involved in the control of substance abuse include:

- \* The hospital.
- \* Private Voluntary agencies.
- \* The Primary health centre.
- \* The School.
- \* The Police department.
- \* The Excise department.
- \* The Prison department

Once all the different sources are identified, then the preliminary session should be to plan activities so that the work of different agencies is complemented. The health worker can play a role in mobilizing the community members to also be a part of this network.

**Exercise:**

1. Make a list of activities for children and youth in your community that are locally acceptable. Classify this list into physical/ intellectual/ group versus individual activities.
2. Make a list of resources of groups or individuals who can help in 'demand reduction' activities in your community.
3. Make a plan of an awareness programme for a Mahila Mandal group with the topic being "Alcohol- the Major problem".

## CHAPTER 7

### MOBILISING THE COMMUNITY AGAINST SUBSTANCE ABUSE

At the end of this chapter, the community health worker should be able to:

- \* *understand his/ her role in mobilizing the community to tackle this problem,*
- \* *collect relevant background information about the community and the local resources available,*
- \* *initiate formation of a specific community group that will act as an action team towards demand reduction,*
- \* *develop youth programmes as a specific strategy towards demand reduction,*
- \* *have some idea of the laws that are practiced in our country.*

The community in which a person lives has an important role on the health and well-being of the individual concerned. Community action is required if abuse of substances, especially by young people, is to be prevented. Whenever a new drug makes its appearance on the scene and affects the young and economically productive group, the community usually resists it. However, it is often difficult to persuade a community to give up substances that are traditionally or ceremonially used (eg. tobacco, opium etc). In such cases, the health worker has to actively try to change community attitudes.

#### **The Community Team.**

Guiding the community towards healthier life styles and positive attitudes is a difficult task that requires help of several others. Forming a community team with members from health, police, social service, business, parents, teachers, and voluntary groups will facilitate collecting information needed to give a clear profile of the community.

Such a group will help collect information in the following areas

1. How is the community organized ?
2. What are the customary methods of problem-solving and decision making ?
3. What are the major drug- and alcohol-related problems ?
4. What community programmes already exist ?
5. What existing legislation relates to drug abuse ?
6. How can the group get the message to the community ?

(Grant & Hodgson, 1991)

Having formed a community team and collected background information on the extent of substance abuse, and on the key groups and decision-makers, the next stage is to use all this information to develop plans.

The Community Health Worker can actively take part in developing an information base in the community, raising awareness and in developing youth programmes. Since substance abuse begins during adolescence, education about harmful effects of drugs involving schools and encouraging networks of youth groups will influence the youth positively.

Integrating such programmes with other established programmes and developing close relationship with law enforcement agencies are also useful. Monitoring and evaluation of the programmes implemented to see whether they are functioning effectively is also an important issue.

**Evaluation** of the preventive activities that have been implemented is an important, though not an easy, task. Specific objectives that are realistic, well understood and wisely planned, enhance the chances of their being achieved. Periodic review of the work will help reset the objectives and maintain the motivation of the group.

## **Exercise:**

1. Make a list of the types of services (eg. marriage counselling, self help groups or emergency services) that your community may need.
2. Prepare a directory of places and organizations available in your community that offer these services. List details of their address, person to contact and services available.

## **Conclusion:**

This manual has attempted to outline the major issues involved in the management of substance abuse to help the Community Health Worker in identifying the problem and managing it at the individual, family and community levels. It also aims at enabling the community health worker to actively assist the community in preventive and rehabilitative programmes. The information is not exhaustive and motivated persons may obtain detailed and specific material from relevant sources. A list of institutions is given in the appendix along with a glossary to assist the readers. It is hoped that the manual will be useful to community health workers in their work.

## **REFERENCES:**

1. Australian Government Publishing Services. *Handbook for Medical and Other Health Care Workers on Alcohol, Other Drug Problems*. Canberra. 1993.
2. Grant, M. and Hodgson, R. (Eds). *Responding to Drug and alcohol Problems in the Community : A Manual for the Primary Health Care Worker with Guidelines for the Trainer*. W.H.O. 1991.
3. Jayaraman, R. *Children of Alcoholics: A Guide to Parents and Teachers*. TTR Clinical Research Foundation. March 1991.
4. Machado, T. *Culture and Drug Abuse in the Asian Setting - Research for Action*. Project Report, 1994.
5. W.H.O. *Drug Dependence and Alcohol Related Problems : A Manual for Community Health Workers with Guidelines for Trainers*. W.H.O. Geneva, 1986.

## **APPENDIX I**

### **GLOSSARY**

**Addict** : Is one whose drinking/drug taking behaviour causes problems in one or more areas of his life (eg., family relationships, job, financial status).

**Alcohol** : Medically, it's a depressant drug that slows the brain's ability to think and to make decisions and judgements.

**Alcoholic** : Refers to a person, who has loss of control over his drinking.

**Alcoholism** : Is a disease characterized by a physical and psychological dependence on alcohol.

**Psychological dependence** : Describes the behavioural aspects of drug dependence.

**Physical dependence** : It refers to the tolerance which develops to the effects of drug use and the adaptive state which manifests itself by intense physical disturbance when administration of the drug in use is suspended.

**Drug**: It refers to any chemical or substance that changes the mental state and that may be used repeatedly for the same effect. "Drug" now includes alcohol, tobacco, psychoactive pharmaceuticals, illicit drugs and even substances such as petrol, glues etc., which can be abused. They tend to be used in a manner that deviates from approved medical or social patterns.

**Experimental use**: It refers to trying out the drug to experience its effect and to decide whether or not to adopt an ongoing pattern of use.

**Social and recreational use**: Using the drug as a means of enhancing social interaction or the enjoyment of some leisure activity.

**Drug abuse**: Persistent or sporadic excessive use, inconsistent with or unrelated to acceptable medical practice.

**Drug dependence:** The term that replaces ‘addiction’ and covers the spectrum of behaviour ranging from simple physical dependence to the complete disintegration of personal and social functioning (eg: end stage alcoholics and drug users). Its extent is determined by a range of factors such as amount, frequency of use, tolerance, withdrawal, inability to abstain, degree of physical, personal and social damage.

**Craving:** Craving is the desire to get (more of) the drug and it differs between drugs and between individuals. For example, an alcoholic will spend more and more time thinking about and engaging in drinking, and this leads to a progressive reduction in participation in work and family activities.

**Tolerance:** This is the state in which the drug’s actions diminish on repeated administration or, in other words, to get the desired effect, more and more quantity of drug is necessary. Tolerance often develops at different rates for different drugs.

**Intoxication:** Refers to the intake of a quantity of a substance or a chemical which exceeds the individual’s tolerance and produces behavioural or physical abnormalities.

**Overdose:** Refers to the state that occurs when a person has ingested a drug quantity higher than the recommended therapeutic dose and that also exceeds his or her tolerance.

**Detoxification :** A supervised medicated or unmedicated withdrawal from alcohol or a drug so that the severity of withdrawal or rebound symptoms and medical complications are reduced to a minimum.

**Withdrawal:** Withdrawal is signified by signs and symptoms that occur when a drug is stopped, reduced or an antagonist is given. It is invariably unpleasant and is a common reason for re-use of a drug.

## **Appendix II**

Addresses for advice, help and information in Bangalore

1. Anjaneya Medical Mission &  
Aum Research Division,  
17 KM, Off Tumkur Road,  
(Near Arkavati Ceramic Products)  
Oderahalli,  
Bangalore North Taluk.
2. Alcoholics Anonymous,  
P.O. Box No. 5438, GPO,  
Bangalore - 560 001.
3. Bosco Yuvadaya,  
91, B Street, 6th Cross, Gandhinagar,  
Bangalore.
4. CAIM,  
12 KM, Bannerghatta Road,  
Hulimavu Village,  
Bangalore - 560 076.
5. CREST,  
71, North Road,  
St. Thomas Town,  
Bangalore - 560 084.
6. Deaddiction Unit,  
NIMHANS,  
Hosur Road,  
Bangalore.
7. Divyashree,  
Deaddiction centre,  
No. 744, 15th Cross, VI Phase,  
J.P. Nagar,  
Bangalore.

8. Freedom Foundation,  
9/13, Karamchand Layout,  
Lingarajapuram,  
Bangalore.
9. HOPE,  
Claretian Seminary  
28/12, 18th Cross Road,  
Malleswaram West,  
Bangalore - 560 055.
10. Serenity Counselling Centre,  
Cox town,  
Bangalore - 560 005.
11. SPARSHA,  
290, 37 B Cross,  
26th Main, 9th Block,  
Jayanagar,  
Bangalore - 560 069.
12. St. John's Medical College Hospital,  
Department of Psychiatry,  
Bangalore.
13. TRADA  
Deaddiction and Counselling Centre,  
Carmelaram P.O.  
Carmelaram  
Bangalore - 560 035.



The International Federation of Catholic Universities (IFCU), through its Centre for Coordination of Research, has promoted international and interdisciplinary research projects in diverse areas of human sciences. It promotes the scientific and social expertise of universities for effecting social change.

The International Group for Research on Drug Abuse (GRITO), demonstrates the response made by the universities to the challenges posed by drug abuse. It has brought into action the scientific, social and cultural resources of higher education and has generated scientifically guided preventive strategies that accommodate themselves to the local cultures.